FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S33636 (9)

1. Corporate Name
BLUE SKY INSURANCE GROUP, INC.

Principal Place of Business	Mailing Address
4745 WEST FLAGLER ST. MIAMI FL 33134	4745 WEST FLAGLER ST. MIAMI FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/22/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0244638 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business: 21 / Suite, Apt. # etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address: 26 / Suite, Apt. # etc. 27 / City & State 28 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent

TAX MANAGEMENT SERVICES CORP.
7601 W. FLAGLER ST.
SUITE 204
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name: Tax Management Sv. Corp
82 Street Address (P.O. Box Number is Not Acceptable): 7125 NW 12 Street
83 Ste 324
84 City: Miami 85 FL Zip Code: 33126

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE [signature]

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	ABRAIRA, DANIEL
STREET ADDRESS	4745 W FLAGLER STREET
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0130023 CP